

MONEYPLU\$ Worksheets

To figure out how much to deposit in your MONEYPLU\$ accounts, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual MONEYPLU\$ descriptions in this guide for limits.)

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

MEDICAL SPENDING ACCOUNT WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ _____

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

SUBTOTAL \$ _____

EZ REIMBURSE® MasterCard® Card annual, non-refundable \$10 fee \$ _____

DIVIDE by the number of paychecks you will receive during the plan year.* \$ _____

This is your per-pay-period contribution. \$ _____

* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year. To participate in the MONEYPLU\$ Medical Spending Account, you must have completed one year of continuous state service by January 1 following an enrollment period. See Page 5 for details.

DEPENDENT CARE SPENDING ACCOUNT WORKSHEET

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Daycare services \$ _____

In-home care/au pair services \$ _____

Nursery and preschool \$ _____

After school care \$ _____

Summer day camps \$ _____

ELDER CARE SERVICES

Daycare center \$ _____

In-home care \$ _____

SUBTOTAL—Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ _____

DIVIDE by the number of paychecks you will receive during the plan year.* \$ _____

This is your per-pay-period contribution. \$ _____

* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

At your request, your MONEYPLU\$ reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit.

Please remember to include all applicable fees to your MONEYPLU\$ Medical Spending Account contribution if you plan to use your EZ REIMBURSE® Card.